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Report on the annual meeting of the Inter-Agency Support Group on Indigenous Peoples' Issues

Submitted by the World Health Organization

Summary

The 2010 meeting of the Inter-Agency Support Group on Indigenous Peoples' Issues was convened in Geneva on 16 and 17 September 2010. It was hosted by the World Health Organization in accordance with the Support Group's terms of reference and the practice established in 2002 of rotating the chair annually among its members. The theme of the meeting was "Indigenous peoples' health".

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I. Introduction

1. The 2010 meeting of the Inter-Agency Support Group on Indigenous Peoples' Issues was convened in Geneva on 16 and 17 September 2010 and hosted by the World Health Organization (WHO) in accordance with the Support Group's terms of reference and the practice established in 2002 of rotating the chair annually among its members. Participants included Support Group members, a wide range of WHO staff and selected speakers. The theme of the meeting was "Indigenous peoples' health".

2. The annual meeting was held just prior to the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, and participants called for action to ensure that the last push for achieving the Goals would contribute significantly to the improvement of indigenous peoples' health. Contributing factors to the alarming state of indigenous peoples' health worldwide were discussed, and agreements on follow-up were reached, in order to chart the way forward. A review of the Forum's ninth session was also held,[1] followed by discussions on the preparations for the tenth session and on the Support Group's tasks and priorities.

A. Meeting objectives

3. The objectives of the meeting were to:

(a) Provide a forum for reviewing available data and ongoing experiences in relation to indigenous peoples' health worldwide and explore possibilities for increased collaboration among Group members;

(b) Explore and share good practices in addressing indigenous peoples' health to catalyse and inspire increased action in countries;

(c) Review the status of implementation of the recommendations of the Support Group and the Permanent Forum.

4. Agenda items included panels on selected health issues; a review of the ninth session; preparation for the tenth session; indicators for advancing the rights of indigenous peoples; training and technical support, the regionalization of inter-agency work, orientation and support by the Support Group for new Forum members; coordination of key United Nations human rights mechanisms relevant to indigenous peoples' issues; knowledge management and information-sharing.

B. Participation and official opening

5. Representatives of the following United Nations agencies, multilateral organizations, international financial organizations, Governments and non-governmental organizations participated in the meeting: Fondo Indígena; Food and Agriculture Organization of the United Nations (FAO); First Nations and Inuit Health Branch at Health Canada; Permanent Mission of Canada; International Fund for Agricultural Development (IFAD); International Labour Organization (ILO);

[1] Detailed information on the ninth session is available from http://www.un.org/esa/socdev/unpfii/en/session_ninth.html.

International Organization for Migration (IOM); Māori Smokefree Coalition (New Zealand); Office of the United Nations High Commissioner for Human Rights (OHCHR); secretariat of the Permanent Forum; United Nations Children's Fund (UNICEF); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Environment Programme (UNEP); United Nations Human Settlements Programme (UN-Habitat); United Nations Institute for Training and Research (UNITAR); United Nations Population Fund (UNFPA); World Bank; World Health Organization (WHO), including its regional offices for Africa and the Americas (Pan American Health Organization); World Intellectual Property Organization (WIPO); and Joint United Nations Programme on HIV/AIDS (UNAIDS).

6. Forum members Carlos Mamani Condori (Chair), Victoria Tauli-Corpuz and Liliane Muzangi Mbela also participated in the meeting. The Expert Mechanism on the Rights of Indigenous Peoples was represented by José Carlos Morales (Chair).

7. The meeting was opened by Ties Boerma, Acting Assistant Director-General, Information, Evidence and Research Cluster, WHO. He stressed the commitment of WHO to improving indigenous peoples' health and noted the challenge of the absence of data collection in countries on indigenous peoples' health issues. The keynote address was delivered by Michelle Kovacevic, Acting Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada. She emphasized that community capacity development was a key component in addressing many of the health issues of indigenous peoples. She also stressed the importance of sharing best practices and experiences among countries and of sharing work at the international level on indigenous peoples' health issues among organizations. Carlos Mamani Condori, Chair of the Permanent Forum, and Laetitia Zobel, outgoing Co-Chair of the Inter-Agency Support Group on Indigenous Peoples' Issues, also provided remarks on behalf of UNEP and UN-Habitat as outgoing co-chairs of the Support Group.

II. The health of indigenous peoples

A. Overview of indigenous issues in the United Nations system

8. Following the official opening, an overview of the Permanent Forum and the Inter-Agency Support Group on Indigenous Peoples' Issues was provided by Sonia Smallacombe of the Permanent Forum secretariat. Subsequent presentations outlining specific policies, guidelines or experiences of United Nations agencies were also given. These included:

(a) Antonella Cordone (IFAD) gave a presentation on the Fund's long history of engagement with indigenous peoples, focusing on loans and microgrants at the country level, as well as international advocacy and policy dialogue. This recently culminated in the approval of an IFAD policy which aimed to enhance effective engagement with indigenous peoples in rural areas and empower them to overcome poverty by building upon their identity and culture;

(b) Regina Laub (FAO) gave a presentation on an FAO policy on indigenous peoples' issues adopted in 2010. FAO was now looking towards its implementation, which might include the development of guidelines on how to integrate indigenous issues into FAO projects and programmes.

9. Helena Nygren-Krug gave an overview of the mandate of WHO to work on indigenous peoples' issues. She stated that WHO was mandated to devote special attention to indigenous peoples' health through a number of World Health Assembly resolutions. In particular, resolution 54.16 (2001) requested WHO to strengthen the partnership with indigenous peoples in all appropriate WHO activities.[2]

10. Myrna Cunningham from Fondo Indígena concluded the panel discussion by providing an overview of the health of the world's indigenous peoples. The significant gap between the health of indigenous peoples and that of the general population was noted. She accredited the causes for the deficient state of health of the world's indigenous peoples to, among other things, a lack of delivery of services and a failure to address the broader determinants of health. For example, the uncertainty of rights to land and related issues were mentioned as having negative repercussions on the health of indigenous peoples. It was noted that disaggregated data was essential to make informed policy decisions to address health issues of indigenous peoples.[3]

B. Presentations on selected health topics

11. Two panels chaired by WHO focused on explaining a wide range of issues where indigenous peoples bore a disproportionate burden of adverse health conditions. It was noted that interventions to address those issues needed to be culturally sensitive and participatory. ILO pointed to the range of provisions in its Indigenous and Tribal Peoples Convention, 1989 (No. 169) that addressed health specifically or implicitly. Presentations were made on the following issues:

(a) Tobacco use: Edouard Tursan d'Espaignet and Mia Bromley (WHO) presented statistics concerning the prevalence of tobacco use among indigenous peoples in Australia, Canada, New Zealand and parts of Latin America, as well as examples of successful national interventions;

(b) Violence and injury: Christopher Mikton (WHO) addressed violence and injury as a leading cause of mortality and morbidity among indigenous peoples. These were preventable upon the implementation of strategies that built partnerships; provided training, funds and technical assistance; were culturally sensitive; and avoided patronizing, discriminating or stigmatizing indigenous peoples;

(c) Suicide: Alexandra Fleischmann (WHO) discussed the often stated elevated suicide rates among indigenous communities in comparison to the general population. Effective public health interventions for suicide prevention were conducted at three levels:

i. First-degree prevention: reduction of access to means of suicide (pesticides, firearms, etc.), reduction of availability of alcohol, and responsible and "deglamourized" media reporting;

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[2] For information on the mandate of WHO and action taken with respect to indigenous peoples' health, see http://www.who.int/hhr/activities/indigenous_peoples/en/index.html.

[3] An overview of the findings of Ms. Cunningham are outlined in the 2009 United Nations publication, *State of the World's Indigenous Peoples*, chap. 5: Health; see http://www.un.org/esa/socdev/unpfii/documents/SOWIP_web.pdf.

ii. Second-degree prevention: treatment of people with mental, neurological and substance use disorders;

iii. Third-degree prevention: interventions to follow up on individuals who had attempted suicide;

(d) Progress on a study by UNICEF on indigenous adolescent suicide was presented by Esther Ruíz Entrena of UNICEF. In order to follow up on the Permanent Forum's recommendation to the Inter-Agency Support Group on Indigenous Peoples' Issues regarding the need to hold a seminar on policies and practices to prevent suicide among indigenous children, adolescents and young people, UNICEF decided that it first was necessary to conduct research on the situation of suicide among this group from cultural and collective perspectives;

(e) Funding projects addressing indigenous peoples' health were presented by Antonella Cordone of IFAD. Experiences from micro-projects financed through the IFAD Indigenous Peoples Assistance Facility were shared. Key aspects of the approach taken in these projects were culturally oriented solutions to health issues, the use of traditional knowledge, and local resources and awareness-raising;

(f) Research, measurement and analysis issues concerning indigenous peoples' health: Ritu Sadana (WHO) highlighted the upcoming *World Health Report 2010* on health systems financing. A review of health coverage for indigenous populations in Australia, Canada, New Zealand and the United States of America demonstrated large disparities between indigenous peoples and the general population in terms of out-of-pocket payments and access to private health insurance. In advancing towards universal health coverage, country-specific approaches to research, measurement and analysis, as well as collaborative partnerships with indigenous peoples based on respect and trust, were considered essential;

(g) Reproductive health and research: Sheryl Vanderpoel (WHO) gave a presentation on safeguarding reproductive rights, addressing barriers to care and achieving empowerment and equity to meet the fertility intentions of indigenous peoples;

(h) Sexual and reproductive health: Sonia Martinelli-Heckadon (Regional Office for Latin America and the Caribbean of UNFPA) and Jaana Keitaanranta (IFAD) discussed a collaborative IFAD/UNFPA project for the Ngöbe-Buglé territory and adjoining districts in Panama to improve the sexual and reproductive health and rights of indigenous peoples through the promotion of gender equality, community empowerment and the development of a reproductive health-care model. This model was aimed at addressing "the four delays": the delay in recognizing signs of complications; the delay in deciding to go to health services; the delay in getting to the health service; and the delay in receiving the proper quality of care. With respect to the stages of implementation, the following essential components were discussed: an intercultural approach to reproductive health; a gender perspective and human rights-based approach; community involvement; and political advocacy among national, local and traditional authorities;

(i) HIV/AIDS and health systems: Esther Ruíz Entrena (UNICEF) indicated that priority was given to preventing mother-to-child transmission, rapid testing and HIV prevention among indigenous adolescents and young people in the Latin American region;

(j) Tuberculosis: Elisabetta Minelli (WHO) stated that in the few industrialized countries where disaggregated data was available, the incidence of tuberculosis and mortality rates were several times higher among indigenous peoples than the general population. In countries and regions for which such data was not available, the inequities might be higher still. Consultations with representatives of indigenous communities and tuberculosis experts over the past two years had resulted in the creation of the "Global Indigenous Stop TB (tuberculosis) Initiative"; WHO and the Stop TB Partnership were represented on the steering committee for this Initiative;

(k) Yaws among pygmies in the region of Central Africa: Kingsley Asiedu (WHO) discussed a UNICEF/WHO initiative in the Congo and Cameroon to combat the high prevalence of yaws in the region. Although yaws was easily preventable, there were challenges in treating the disease, including the fact that the pygmies in the region of Central Africa were a neglected peoples with limited geographical access; the general lack of political will to tackle the social and health problems of the population; and inadequate funds;

(l) Traditional medicines: Zhang Qi (WHO) discussed the new trend of traditional medicines being used in developed and developing countries for primary, complementary or alternative health care.

C. Good practices in addressing indigenous peoples' health

12. The Māori Smokefree Coalition (a non-governmental organization) chaired the third session, on good practices in addressing indigenous peoples' health. Presentations on a number of programmes aimed at improving indigenous health outcomes included the following:

(a) Sonia Martinelli (Regional Office for Latin America and the Caribbean of UNFPA) gave a presentation on the Fund's experience with good practices for sexual and reproductive health among indigenous communities in Latin America. The importance of understanding what the concept of health meant to an indigenous community was essential, as was the need for a continuous dialogue between conventional medicine and traditional medicinal knowledge;

(b) Itziar Gómez Carrasco (UNESCO) gave a presentation on culturally appropriate HIV and AIDS responses that entailed a process of engagement with indigenous communities. The process was gender-sensitive, human rights-based and built on a thorough analysis of the cultural and social specificities of the communities concerned (for example, poverty, marginalization, lack of political and social power, limited access to health care and geographical isolation). Toolkits designed to support the development of culturally appropriate HIV and AIDS programmes, including an interactive e-learning programme and a publication entitled "We are all in the same boat!", to address HIV/AIDS-related stigma and discrimination were shared;[4]

(c) Cristina Leria (Pan American Health Organization/WHO) discussed the strategies of the Pan American Health Organization for improving the health conditions of indigenous peoples in the Americas which used a multidisciplinary

[4] For more information, see www.unesco.org/culture/aids.

approach, established adequate legal frameworks that prioritized the development of indigenous peoples and consolidated intra- and inter-sectoral cooperation.[5] Guiding principles of the Pan American Health Organization's indigenous peoples' health initiative included: the need for a holistic approach to health; the right of indigenous peoples to self-determination; respect for and the revitalization of indigenous cultures; reciprocity in relations and the right of indigenous peoples to systematic participation.

13. The meaning of good practices was discussed and experiences were shared. Jason Sigurdson (UNAIDS) discussed key lessons from the Programme's experiences with respect to good practices for HIV/AIDS issues. These included the importance of focusing on capturing the broadest possible range of good outcomes, for example, not only measuring good outcomes based on reductions in infections but also reductions in stigma; and the importance of working in partnership with the community and of sharing knowledge and information. OHCHR underscored the importance of indigenous rights informing good practices. ILO highlighted the adoption of its Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200) as an important instrument that could be used in this context. The panel concluded by recommending that the Inter-Agency Support Group on Indigenous Peoples' Issues, under the leadership of WHO, should develop a guide on indigenous peoples' health which would include good practices and be informed by indigenous rights principles such as participation, cultural sensitivity and self-determination.

14. Liliane Muzangi Mbela (Permanent Forum) provided a closing address in which she emphasized the importance of the intercultural approach, disaggregated data and the role of champions to address issues surrounding indigenous peoples' health.

III. Meeting of the Inter-Agency Support Group on Indigenous Peoples' Issues

A. Feedback on discussion from the previous day

15. The secretariat of the Permanent Forum summarized the key findings as follows: the importance of United Nations agencies having a framework or policy on indigenous peoples, the challenge of the identification of indigenous peoples in many countries and the need to develop standardized data-collection methodologies and to support countries in collecting data on appropriate indicators.

B. Review of the ninth session of the Permanent Forum, April 2010

16. The secretariat of the Permanent Forum presented recommendations from previous sessions. Agreed actions included the following:

(a) UNFPA will provide details of the joint studies on indigenous female migrants conducted by its Regional Office for Latin America and the Caribbean and IOM. Inter-Agency Support Group on Indigenous Peoples' Issues members will

[5] For more information, see www.paho.org.

provide information regarding the migration of indigenous women within and beyond national borders to the secretariat of the Permanent Forum, which will investigate the studies and inform the Support Group accordingly;[6]

(b) All Support Group members are requested to review the report on indigenous peoples and forests;[7]

(c) UNEP is to provide an update to IOM on the discussions between UN-Habitat and IOM regarding the nexus between indigenous peoples and migration;[8]

(d) Reporting on Forum recommendations made to individual agencies and not just the Support Group as a whole will be added as a standing item on the agenda of future Forum and Support Group meetings so that all members of the Support Group can come prepared to provide an update on progress;[9]

(e) The Permanent Forum secretariat will follow up with UNAIDS to attend future Support Group and Permanent Forum meetings,

(f) UNICEF is to provide information to Support Group members on working successfully with children and youth.[10] During the ninth session, UNDP, IFAD and UNFPA mentioned surveys being carried out by the respective agencies with a strong focus on youth. UNEP also reported working with indigenous youth experts. UNICEF, in partnership with WHO and UNFPA, is to take the lead on the work around indigenous children and youth;[11]

(g) IFAD is to identify a mechanism for identifying training opportunities;[12]

(h) The development of an international network on gender involving the Support Group, UNFPA, IFAD and UNICEF was recommended. The Pan American

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[6] The Permanent Forum recommended various initiatives to address the lack of reliable data on this issue. See E/2004/43-E/C.19/2004/23, para. 12.

[7] The Forum appointed Ms. Tauli-Corpuz as the Special Rapporteur to prepare and widely circulate reports on relevant thematic issues relating to sustainable development. See E/2007/43-E/C.19/2007/12, paras. 13 and 14.

[8] The Forum requested further inter-agency cooperation and collaboration regarding data collection and case studies on indigenous peoples and migration in order to promote capacity-building projects dealing with the migration of indigenous peoples. See E/2006/43-E/C.19/2006/11, para. 17.

[9] The Forum welcomed this initiative to ensure that the recommendations of the Forum are implemented by United Nations bodies and organizations. See E/2006/43-E/C.19/2006/11, para. 144.

[10] See E/2003/43-E/C.19/2003/22, para. 7.

[11] The Forum recommended that the Support Group should discuss policies and best practices for engaging indigenous youth and children in the prevention of suicide and report back to the Forum. See E/2005/43-E/C.19/2005/9, para. 96.

[12] The Forum welcomed the efforts of the United Nations system to support the United Nations Development Group guidelines for indigenous peoples' issues with a programme of action to bring the United Nations normative framework on indigenous peoples to the field level. See E/2008/43-E/C.19/2008/13, para. 103.

Health Organization reported on an existing group that convenes to address gender issues.[13] UNFPA is to disseminate a technical note on gender;

(i) OHCHR will circulate the terms of reference for the indigenous peoples' partnership.

C. Discussion of preparations for the 2011 Permanent Forum

17. WHO chaired the discussion on preparations for the tenth session of the Permanent Forum, which is due to be held in New York from 16 to 27 May 2011. The secretariat advised that three areas would be reviewed at the session, namely economic and social development, the environment, and free, prior and informed consent, and that there would be a geographical focus on Central and South America and the Caribbean. At the session, a report on the Permanent Forum's visit to Colombia (2010) will be presented.

18. Support Group members agreed to promote the United Nations Conference on Sustainable Development (Rio+20) in 2012 to ensure strong indigenous representation. The secretariat of the Permanent Forum is to provide an update on the Forum's mission to Paraguay and the Plurinational State of Bolivia.

D. Discussion on the tasks and priorities of the Inter-Agency Support Group on Indigenous Peoples' Issues

19. OHCHR chaired the discussions regarding the use of indicators to advance the rights of indigenous peoples in the light of a technical workshop co-organized by the Forum secretariat and ILO on this issue.[14] It was important not to develop indicators in isolation of Governments. The importance of the need to include indigenous-specific indicators on issues related to land use, language vibrancy, sustainability and customary resources was also noted.

20. IFAD chaired the session on training and technical support. UNITAR gave a presentation on its peacemaking and conflict prevention programme.[15] Reports regarding current training programmes, fellowships and other opportunities were presented by the Forum secretariat, OHCHR, the Economic Commission for Latin America and the Caribbean (ECLAC), IFAD, ILO and Fondo Indígena. OHCHR requested expressions of interest from agencies willing to mentor young indigenous peoples in the context of their fellowship programmes. The importance of providing training and technical support to young indigenous people was recognized by Support Group members.

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[13] The Permanent Forum recommended that relevant United Nations bodies and agencies, States and indigenous peoples should conduct assessments of the extent to which they have advanced the recommendations of the Forum on indigenous women, utilizing the framework of the Declaration, as set out by the International Indigenous Women's Forum. Action for the immediate implementation of these recommendations is required by all. See E/2009/43-E/C.19/2009/14, para. 33.

[14] The technical expert workshop, co-organized by OHCHR, ILO and the Forum secretariat was held on 20 and 21 September 2010. The aim was to take stock of the various efforts to develop indicators on indigenous peoples' rights.

[15] See http://www.unitar.org/pmcp.

21. IFAD chaired a discussion on the regionalization of inter-agency work. UNICEF and the Pan American Health Organization presented information on the development of regional structures in Latin America. These were mentioned as being a potential model for the development of regional structures elsewhere, in particular in the African region. UNEP and ILO agreed to prepare terms of reference for the regionalization of work in Africa to be presented at the next Support Group meeting in 2011. UNICEF suggested that each agency should commit to adopting a regional approach.

22. IFAD volunteered to collate and disseminate a document containing the 12-month workplans of Support Group members on indigenous issues, to facilitate the sharing of information on training and programme initiatives.

23. IFAD also chaired the session on the orientation and support provided by the Inter-Agency Support Group on Indigenous Peoples' Issues to new Forum members. It was agreed that it would serve new members well to participate in orientation sessions during the Forum's tenth session in New York. It was further suggested that the Support Group should pool resources to increase the participation of indigenous peoples in the Permanent Forum.

24. OHCHR and the Expert Mechanism on the Rights of Indigenous Peoples led the discussion on the coordination of key United Nations human rights mechanisms relevant to indigenous issues. The chair of the Expert Mechanism explained the interaction and opportunities for further synergy and coherence among the Expert Mechanism,[16] the Special Rapporteur on the rights of indigenous peoples[17] and the Permanent Forum.[18]

25. With respect to coordination, knowledge management and information-sharing, Fondo Indígena provided an overview of its work. Myrna Cunningham noted the importance of strengthening traditional institutions and building a relationship between the Government and the indigenous community. In moving forward, she stressed the need for WHO to develop a set of criteria or a compilation of good practices setting out how Governments could improve indigenous peoples' health based upon human rights principles such as participation, equality and self-determination.

IV. Closure of the meeting

26. Members of the Permanent Forum and the Support Group thanked WHO for the substantive nature of the meeting, the high quality of the preparations and the efficient and friendly organizational arrangements.

27. The Support Group recognized the work of Elsa Stamatopoulou, former chief of the Permanent Forum secretariat, for all her dedication and tremendous support to the Support Group.

28. The Support Group congratulated FAO on the adoption of its policy on indigenous peoples in 2008.

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[16] See http://www2.ohchr.org/english/issues/indigenous/ExpertMechanism/index.htm.

[17] See http://www2.ohchr.org/english/issues/indigenous/rapporteur.

[18] See http://www.un.org/esa/socdev/unpfii/.

29. Rüdiger Krech (WHO) thanked the Permanent Forum, the Support Group and the interpreters for their participation and his colleagues in the Department of Ethics, Equity, Trade and Human Rights for organizing the meeting. Carlos Mamani Condori (Permanent Forum) thanked WHO for hosting the meeting and recognized that it had provided a forum to focus on the important issue of indigenous peoples' health. Mr. Mamani stated that the Forum looked forward to working closely with the Support Group to take forward the agreed recommendations and actions.